

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
FEB 8 1937 1003

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis Mo.

No. Barnes Hospital

File No.....

Registered No.....

St. Ward)

2. FULL NAME Albert Oliver Goldthwait

(a) Residence, No. 1011 Pine St. St. 25 Ward. 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Elizabeth L. Goldthwait

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 27th, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

61

0

17

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Restaurant Business

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Own Business

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Boston, Mass.

FATHER

13. NAME

Joseph Goldthwait

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Not Known

15. MAIDEN NAME

Not known

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Not Known

17. INFORMANT
(ADDRESS)

Elizabeth Goldthwait,
1011 Pine Street.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Johns Cem. DATE Jan. 16th, 1937

19. UNDERTAKER
(ADDRESS)

My Beddard Mnd Co.
1017 N. 1st St.

20. FILED

Jan 1 19 37
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1 - 14 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

12 - 21 - 1936 to 1 - 14 - 1937

I last saw him alive on 1 - 14 - 1937. Death is said

to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Larynx Date of onset June 1936

Other contributory causes of importance:

Name of operation Excision of Larynx Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 19.....

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

BARNES HOSPITAL

